

Supplemental to:

Quarter 1 PIP Item 3B.2.2: Incorporate the use of child welfare data at the State Interagency Council (SIAC) meetings to identify mental health services needs.

This item is a quarter 1 and ongoing item. For quarter 5, we have attached a copy of the action plan that was developed in a facilitated meeting of the SIAC agencies. The goal of the meeting was to see how the priorities of the participating agencies aligned with the mission, goals and statutory mandates of the SAIC. From there, the SIAC set its' priorities for the 2011 and 2012 years (part 2).

State Interagency Council

Facilitated Action Planning April 25, 2011

Facilitation Services Provided by the Facilitation Center at ECU
www.facilitation.eku.edu

Priorities for 2011-2012 SIAC Action Plan

Review and Clarification of Agency Specific Priorities

Participants were asked to review and clarify each SIAC member's agency/entity priorities as set forth during the October 2010 meeting (Appendix B). During the discussion, the group was asked to separate the priorities that the SIAC would be able to address from the ones that would have to be addressed by the specific agency's internal processes. After reviewing, clarifying, and expanding upon the agency/entity-identified priorities, participants agreed upon the list of cross-agency priorities that the SIAC could address.

Priority Areas for the SIAC

After reviewing, clarifying, and expanding upon the agency/entity identified priorities, each agency/entity-identified priority was grouped with similar priorities. This clustering resulted in six groupings that were given an agreed upon descriptive label. The six priority areas are denoted in bold with the cross-agency priorities listed beneath.

1. Timely Access to Effective Crisis and Ongoing Behavioral Health Services, including School-Based

This priority area includes "Students At-Risk of Dropout".

- Matching the needs of children and their families with available services through service and case planning
- Finding ways to increase stability and permanency for children removed from their homes
- Maintaining children in stable homes with community based supports
- Identifying the right mental health screening assessment
- Being able to keep Kentucky's children in Kentucky for treatment
- Focusing on what causes recidivism
- Focusing on the child and family issues
- Seeking measures for cost containment
- Seeking input on health reform changes from each agency
- Finding more opportunities to link families with needed services; there is an increase in number of families needing assistance and decrease in services since the downturn in the economy
- Obtaining a better network of knowledgeable (mental health) professionals, paraprofessionals and other supportive individuals who can help families when faced with a natural disaster
- Having college and career ready high school graduates
- Addressing employment as a treatment methodology for children and young adults ages 14-29
- Seeking assistance and resources from all agencies to address the needs of children 10 years old and under who have been charged with misdemeanors or felonies
- Substance abuse treatment

- Drop-out prevention
- Timely access to effective crisis and ongoing behavioral health services, including school-based
- Addressing status offender needs

2. Prevention & Promotion of Behavioral Health

This priority area includes "Students At-Risk of Dropout".

- Maintaining children in stable homes with community based supports
- Focusing on what causes recidivism
- Finding more opportunities to link families with needed services; there is an increase in number of families needing assistance and decrease in services since the downturn in the economy
- Supporting suicide prevention awareness and training
- Obtaining a better network of knowledgeable (mental health) professionals, paraprofessionals and other supportive individuals who can help families when faced with a natural disaster
- Addressing the increase of late pre-term deliveries, babies being born at 34-36 weeks gestation; a full gestation period is 40 weeks
- Having college and career ready high school graduates
- Changing system of standards and including universal Mental Health coping/resilience goals/strategies in the curriculum framework
- Addressing employment as a treatment methodology for children and young adults ages 14-29
- Supporting ways to address bullying in an effort to reduce suicide
- Seeking assistance and resources from all agencies to address the needs of children 10 years old and under who have been charged with misdemeanors or felonies
- Drop-out prevention
- Addressing status offender needs

3. Parent & Youth Involvement

- Matching the needs of children and their families with available services through service and case planning
- Maintaining children in stable homes with community based supports
- Focusing on the child and family issues
- Receiving help from the SIAC to get youth from other agencies involved
- Identifying the age range of youth representatives on the RIAC
- Expanding and integrating youth councils across the state
- Establishing a minimum standard orientation for RIAC parent representatives
- Uniform access to the RIAC parent representative across the state
- Continued support for the Family Peer Support Specialist regulation(s) and implementation

- Addressing employment as a treatment methodology for children and young adults ages 14-29
- Develop policies/procedures for youth representatives on RIAC/SIAC
- Timely access to effective crisis and ongoing behavioral health services, including school-based

4. Over Reliance on Psychotropic Medication as the Primary Intervention

- To have appropriate psychiatric treatment/psychotropic medications for a child
- Ensuring the appropriate use of pharmaceuticals, particularly psychotropic medications
- Having a list of medications available and reviewed by the Foster Care Review Boards for each child who has been committed to care
- Timely access to effective crisis and ongoing behavioral health services, including school-based

5. Substance Abuse

This priority is currently being worked on in the ITDA Workgroup, which includes AOC, DCBS and Behavioral Health.

- Focusing on what causes recidivism
- Seeking measures for cost containment
- Seeking input on health reform changes from each agency
- Addressing the increase of late pre-term deliveries, babies being born at 34-36 weeks gestation; a full gestation period is 40 weeks
- Substance abuse treatment
- Timely access to effective crisis and ongoing behavioral health services, including school-based

6. Interagency Governing Structure

Criteria for Selecting Cross-Agency Priorities

The participants were asked to establish criteria for selecting cross-agency priorities from which the SIAC will operate. Participants were asked to select areas that were weighted by a preponderance of the following criteria.

- Areas that require professional courage and risk taking on behalf of what is in the best interests of children and families (*the group may want to discuss this area further*)
- Areas that reflect a shared concern among all agencies and entities represented on the SIAC
- Areas that best support the mission and values of the SIAC
- Areas most critical to address in the next year
- Areas that have the most impact on the population of interest to the SIAC
- Areas that could be addressed with currently available resources
- Areas in which the system is most ready to embark upon necessary changes (*because readiness for change impacts the effectiveness of implementation efforts*)

SIAC Agreed Upon Priorities

Through a dotting exercise, participants were asked to use the criteria and identify the most critical priority areas for SIAC to work on during FY 2012. Each participant received two dots. The number of dots each area received is denoted in parentheses.

Following discussion regarding the prioritization activity, the group determined that several of the priority areas should be merged. The **final three SIAC priority areas** are listed below and include the merging of other area as denoted by (a, b, etc.) beneath the priority area.

1. Interagency Governing Structure of the SIAC, RIACs, and LIACs

The group agreed that the Absolute SIAC Priority is the improvement in the functioning of the **Interagency Governing Structure of the SIAC, RIACs, and LIACs**; that is, the “house has to be in order”. This infrastructure development and support will serve as a cornerstone upon which the other SIAC Priority Areas will be built.

a) Parent & Youth Involvement ⁽²⁾

2. Timely Access to Effective Crisis and Ongoing Behavioral Health Services, including School-Based ⁽¹⁰⁾

3. Prevention & Promotion of Behavioral Health ⁽⁷⁾

a) Over Reliance on Psychotropic Medication as the Primary Intervention ⁽²⁾

b) Substance Abuse ⁽¹⁾

This priority is currently being worked on in the ITDA Workgroup, which includes AOC, DCBS and Behavioral Health.

SWOT Analysis Activity

Participants were asked to identify the strengths, weaknesses, opportunities, and threats of SIAC, in relation to "Timely Access to Effective Crisis and Ongoing Behavioral Health Services, including School-Based".

Internal Strengths & Weaknesses

1. What are the internal strengths of the SIAC?

- A few school-based (i.e., co-located staff between schools and community health centers)
- Affordable healthcare act mandates
- Capacity building efforts (i.e., KY SEED)
- Effective in-home service models that can be expanded (i.e., HANDS, Family Preservation)
- Family Resource Youth Services Centers (FRYSC)
- Funding stream that provides for services outside CMHCs/Impact (i.e., Impact Plus)
- History of Impact experience (knowledge exists); community based
- Infrastructure for collaboration/communication with other agencies
- Kentucky Partnership for Families and Children
- Parent/youth involvement
- Pockets of excellent service
- Public universities to educate future workforce
- School-based health centers

2. What are the internal weaknesses of the SIAC?

- Current over-reliance on higher levels hospital/residential
- Custody relinquishment (commit to cabinet) to get needed services
- Funding ↔ decrease in services
- Funding for substance abuse treatment
- Gaps in community based service array (i.e., school based mental health)
- High case loads for staff
- High turnover for direct care staff
- Lack of peer-to-peer support specialists
- Limited choice of providers
- Limited full-time qualified personnel in schools to focus on behavioral health (i.e., trained in best practice)
- Medical solutions to social problems
- Not timely; 6 week wait

- Payer source limitations (i.e., in-network providers, Medicaid only, etc.)
- Poor coordination of hospitals/residential facilities on returning patients back into community
- Resources devoted to treatment more so than promotion/prevention
- Services not always conveniently located
- Services not evidence based
- Shortage of qualified Mental Health/Substance Abuse professionals, especially in rural areas (i.e., child psychiatrists, school based mental health therapists, counselors)
- Supply distribution of providers
- Transportation

External Opportunities & Threats

3. What are new opportunities available to SIAC?

- Decreasing stigma of using mental health services
- Electronic medical records
- Federal government funding
- Health Care Reform
- Implementing managed care principles
- Increase in tele-health services

4. What are the current and/or future threats to SIAC?

- Continued deployments; youth with parents out-of-country and living with grandparents are under a lot of stress; families are stressed upon return
- Economy
- Fort Knox expansion
- Increase in families in need
- Move for government to be run like a business; increasing debate over role of government and funding for social/education services
- Natural disasters
- Politics (election year)
- Reduction in federal funding
- Uncertain future of public insurance

Parking Lot

Issues which were acknowledged at the meeting, but due to time constraints could not be addressed, were placed in the parking lot for later discussion.

- Date of next Commissioners' meeting?
- Site visits/assessments of RIACs

Action Plan

Participants identified next steps that need to be taken by SIAC.

- Conduct brainstorming session(s) to gather ideas about the ideal SIAC/RIAC/LIAC procedures/processes/system operations
- Determine next date for Commissioners' meeting
 - Recommended October 2011
- May meeting → Kari will coordinate the date
 - Location?
 - Refine information from today's meeting
 - Focus each meeting with time for workgroup

Meeting Debrief

To bring the meeting to a close, participants were asked to answer the following questions:

1. What worked about today's meeting?

- All voices were heard
- Dot exercise
- Dotting
- Everyone willing to work hard
- Focused discussion
- Group process
- Kept on track by facilitator
- Lots of participation
- Lunch on site
- Opportunity for all
- Organized
- Pre-work and priorities on posted paper
- Priorities on posters; visuals
- Structured
- Voice to be heard, non-threatening and positive
- Working in groups

2. What could have made it a better day?

- Heads-up on data/information to bring... that would help in the process
- Kari's history and context
- Keep same facilitator for next time
- More breaks
- More drinks
- Physical activity breaks
- Prepare materials beforehand (i.e., report copies)
- Shorter time
- Windows

3. Do you have any lingering questions?

- How do we gain buy-in for the work plan from internal and external stakeholders that can remove barriers to implementation?

SIAC Priorities by Agency

DPH Priorities Include:

- Obtaining a better network of knowledgeable (mental health) professionals, paraprofessionals and other supportive individuals who can help families when faced with a natural disaster.
- Addressing the increase of late pre-term deliveries, babies being born at 34-36 weeks gestation. A full gestation period is 40 weeks.

DBHDID Priorities Include:

- Addressing the widespread use of pharmaceuticals, particularly psychotropic medications.
- Addressing employment as a treatment methodology for children and young adults ages 14-29.
- Supporting ways to address bullying in an effort to reduce suicide.

FRYSC Priorities Include:

- Finding more opportunities to link families with needed services. There is an increase in number of families needing assistance and decrease in services since the downturn in the economy.
- Supporting suicide prevention awareness and training.
- Expanding youth councils across the state.

DCBS Priorities Include:

- Matching the needs of children and their families with available services through service and case planning.
- Finding ways to increase stability and permanency for children removed from their homes.
- Maintaining children in stable homes with community based supports.
- Identifying the right psychiatric assessment to have appropriate treatment for a child.
- Being able to keep Kentucky's children in Kentucky for treatment.

Youth Representative Priorities Include:

- Receiving help from the SIAC to get youth from other agencies involved.
- Identifying the age range of youth representatives on the RIAC.

Appendix B: SIAC Priorities by Agency

KDE Priorities Include:

- Having college and career ready high school graduates.
- Changing system of standards and curriculum framework for Senate Bill One.
- Changing the accountability model for Senate Bill One.

Medicaid Priorities Include:

- Seeking measures for cost containment.
- Seeking input on health reform changes from each agency.

Parent Representative Priorities Include:

- Establishing a minimum standard orientation for RIAC parent representatives.
- Uniform access to the RIAC parent representative across the state.
- Having support for the Family Peer Support Specialist regulation(s).

AOC Priorities Include:

- Having a list of medications available and reviewed by the Foster Care Review Boards for each child who has been committed to care.
- Seeking assistance and resources from all agencies to address the needs of children under 10 years old who have been charged with serious misdemeanors or felonies.

DJJ Priorities Include:

- Changing their treatment plan in 2011 to reflect the items on the YLS, a risk assessment tool.
- Focusing on what causes recidivism.
- Focusing on the child and family issues.
- Seeking to make DJJ workers lives more efficient, through technology etc.